

From Council Recommendation to Policy: The Process

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Overview

1. Overview of Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) Charge
2. Drafting Recommendations
3. Turning Recommendations into Policy
4. Upcoming Opportunities for Feedback



ACTPCMD Charge

The Advisory Committee is authorized by Section 749 to:

1. provide advice and recommendations to the Secretary concerning policy and program development and other matters of significance concerning the activities under section 747;
2. prepare and submit an annual report describing the activities of the Committee, including findings and recommendations made by the Committee concerning the activities under section 747;
3. develop, publish, and implement performance measures for programs under this part;
4. develop and publish guidelines for longitudinal evaluations (as described in section 761(d)(2)) for programs under this part; and
5. recommend appropriation levels for programs under this part



Committee Recommendations

The Committee is strongest when considering areas where HHS and the Secretary have the authority to make a change in either program or allocated resources.

Things to consider:

- Is this a legislative or policy recommendation?
- Does HHS have authority to make the change?
- Who is the appropriate audience (i.e., Secretary, Congress, public)?
- What is the appropriate vehicle to share recommendations?



Turning Recommendations into Action

Legislative

- Letters to Congress
- A-19 process

(https://www.whitehouse.gov/omb/circulars_a019/)



Turning Recommendations into Action

Policy

- Regulatory
- Programmatic
- Funding Priorities



Writing Strong and Precise Recommendations

Strong recommendations are those that have a precise action that can be directly tied to a specific change that the Secretary can make.

Precise action items

VS

General considerations



Examples of Strong Recommendations

- **Legislative:** The Committee recommends that the Secretary work with Congress to pursue a temporary compliance waiver for grantees in good standing who meet a specified definition for rural and are located in a dental or mental health HPSA when their communities lose access to a sole dental health or mental health provider.¹
- **Policy:** The ACICBL recommends that HRSA's Title VII, Part D funding opportunity announcements include the development of culturally competent interprofessional clinical education and training sites that address the complex medical, psychosocial, and health literacy needs of vulnerable populations.

1. National Advisory Committee on Rural Health and Human Services, *Challenges to Head Start and Early Childhood Development Programs in Rural Communities*, www.hrsa.gov/advisorycommittees/rural/publications/headstartearlychildhood2012.pdf, December 2012.
2. Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL), *Rethinking Complex Care: Preparing the Healthcare Workforce to Foster Person-Centered Care*, <http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/Reports/fourteenthreport.pdf>, June 2015.



ACTPCMD Recommendations

- The ACTPCMD recommends that HRSA's Title VII, Part C, Section 747 and 748 education and training programs prepare students, faculty, and practitioners to involve patients and care partners in shared decision-making for person-centered goals of care and treatment.
- The ACTPCMD recommends that HRSA's Title VII, Part C, Section 747 and 748 education and training programs integrate content on health communication, health literacy, and social determinants of health into health professions curricula. The goal is to improve patient understanding of their health condition(s), motivate them to action, and improve their health and health outcomes.
- The ACTPCMD recommends that HRSA's Title VII, Part C, Section 747 and 748 funding opportunity announcements include the development of culturally competent interprofessional clinical education and training sites that address social determinants of health and the complex medical, psychosocial, and health literacy needs of vulnerable populations.
- The ACTPCMD recommends that skills to address health literacy be incorporated into all health professions activities whether or not these activities are a consequence of Title VII, Part C, Section 747 and 748 funding. This systemic change should take the form of including language in accreditation and licensure standards that requires health professions programs and schools to integrate content on the interprofessional team approach that address social determinants of health, patient engagement, and health literacy. Content on health literacy should be incorporated in undergraduate and graduate health professions training as well as in ongoing professional development and continued licensure.



Types of Committee Documents

Letters to the Secretary:

- <http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/4thstrategyrecommendedactions.pdf>

White Papers or Policy Briefs:

- <http://www.hrsa.gov/advisorycommittees/rural/publications/homelessnessruralamerica.pdf>

Annual Reports:

- <http://www.hrsa.gov/advisorycommittees/bhwadvisory/actpcmd/Reports/twelfthreport.pdf>



Questions

